

SEPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA
I.D. NO. NAME OF INSTALLATION INSTALLATION
MAILING
ADDRESS LOCATION
OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

US EPA RECORDS CENTER REGION 5



412334

INSTRUCTIONS: If you received label, affix it in the space at left. If information on the label is incorrect through it and supply the correct in the appropriate section below. If complete and correct, leave Items I below blank. If you did not receive label, complete all items. "Installations single site where hazardous waste is treated, stored and/or disposed of, or transporter's principal place of business, to the **INSTRUCTIONS FOR FILMATION** before completing this information requested herein is req. (Section 3010 of the Resource Conservation Recovery Act).

ATTACHMENT

FOR OFFICIAL USE ONLY

COMMENTS

C		18 19
F		10 11 12 13 14 15 16 17 18 19 20 21 22

I. NAME OF INSTALLATION

BARTON LANDFILL

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

335 Floor 60 State Street

CITY OR TOWN

ST. ZIP CODE

Boston

MA 02109

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST. ZIP CODE

GROXANA

IL

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 Duvalap Peter - Dir. Tech Serv

617-367-8300

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

85 C A S E R V I C E S O F I L L I N O I S I N C

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

 A. GENERATION B. TRANSPORTATION (complete Item VII) C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION**VII. MODE OF TRANSPORTATION** (transporter's only - enter "X" in the appropriate box(es)) A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):**VIII. FIRST OR SUBSEQUENT NOTIFICATION**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

JUN 25 1987

 A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	11	2	3	4	5	6
7	12	8	9	10	11	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	32	33	34

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical source your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary facilities, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

1. FLAMMABLE
(D001)

2. CORROSIVE
(D002)

3. REACTIVE
(D003)

4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this attached document, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (TYPE OR PRINT)

DATE SIGNED